

PLACE OF BIRTH

1. County of Gila,
 District of _____
 Town of Globe,
 or _____
 City of Globe,

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 133
 County Registrar No. _____
 Local Registrar No. 235

No. Martin Hill. St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Consuelo Chaves,

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female, To be answered ONLY in event of plural births.
 4. Twin, triplet or other. _____
 5. No., in order of birth. _____
 6. Legitimate? Yes.
 7. Date of birth 9 17 1925
 Month Day Year

8. FATHER
 Full name Petra Chaves,

14. MOTHER
 Full maiden name Petra Cegoliano,

9. Residence (Usual place of abode) Globe,
 If non-resident, give place and state.

15. Residence (Usual place of abode) Globe,
 If non-resident, give place and state.

10. Color or race Mex.
 11. Age at last birthday 25 (Years)

16. Color or race Mex.
 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) _____
 (State or country) Mexico.

18. Birthplace (city or place) _____
 (State or country) Mexico.

13. Occupation
 Nature of industry Miner,

19. Occupation
 Nature of industry Housewife,

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 3
 (b) Born alive but now dead _____
 (c) Stillborn _____
 21. Were precautions taken against ophthalmia neonatorum? Yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 7 P. m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature D. E. Wightman
 Address Globe, Ariz.
 (Physician or midwife).

Given name added from a supplemental report.

Month, day, year
332-917-736

Registrar

Filed 9/30, 1925 W. W. Horst-M.D.
 Local Registrar.

Filed _____, 19____
 County Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.